



Kentucky Transportation Cabinet  
Division of Right of Way and Utilities

TC 62-99  
09/2005

**MOVE CLAIM - RESIDENTIAL**

COUNTY	ITEM NO.	PARCEL	NAME
PROGRAM NO.	FEDERAL PROJECT NO.	PROJECT	

**MOVE METHOD** - Regardless of method used to move, an inventory must accompany all claims for payment when the volume of items moved exceeds the equivalent of twelve (12) rooms. For fixed rate moves, agent's contacts must identify each room used to establish the amount of the move payment.

	Commercial	Actual, reasonable reimbursement supported by documentation of the actual costs for the move, insurance, storage ( <i>with prior approval</i> ), removal and reinstallation of personal property and transportation. Inventory required for more than 12 rooms.								<b>AMOUNT</b>		
		Utility service connection charges for:										
		Make Payment to:										
	Storage	With prior CO approval, claim supported by bill, 1 year maximum, payment made to owner										
	Fixed-Rate	Conventional dwellings when occupant owns furniture. Tenant occupied mobile home.										
		1 Room	2 Rooms	3 Rooms	4 Rooms	5 Rooms	6 Rooms	7 Rooms	8 Rooms	Each Addl	No Rooms	
		\$450	\$620	\$790	\$960	\$1130	\$1300	\$1470	\$1640	\$170		
		Identify each room in Contacts, and when total count exceeds twelve (12) rooms, attach a certified inventory.										
	Sleeping Room	Occupant doesn't own furniture.						1 Room	Each Addl	No Rooms		
		Identify each room in Contacts, when more than 1 room.						\$350	\$50			
	Mobile Home	Actual, reasonable reimbursement supported by documentation of the actual costs for the move, insurance, storage ( <i>with prior approval</i> ), removal and reinstallation of personal property and transportation.										
		Make Payment to:										
		Utility service connection charges for:										
	Miscellaneous Move	Actual, reasonable reimbursement supported by staff estimate. One estimate required - owner moves for amount of estimate. Maximum \$10,000										
	Transportation		miles	x		Cents per mile						
		Meals for			days	Person(s)						
		Lodging for			days	Person(s)			Total			

**VERIFICATION OF MOVE:** I have verified the information contained herein and will verify the completion of the move before payment is made.

**ADVANCED PAYMENT REQUEST**

Relocation Agent

Date